

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0018

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90036 001 \*\*\*150.00

DOCUMENT # P95000035800

1. Corporation Name  
A-TOP TRANSPORTATION COMPANY, INC.

Principal Place of Business  
RT 21 BOX 5047  
LAKE CITY FL 32024  
US

Mailing Address  
RT 21 BOX 5047  
LAKE CITY FL 32024  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/02/1995

4. FEI Number  
59-3307359

5. Certificate of Status Desired  Applied For  Not Applicable  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

FOSE, ROSITA R  
ROUTE 5, BOX 526-A  
LAKE CITY FL 32024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                    |
|----------------------------|--------------------|---|--------------------|
| TITLE                      | PSD                | 1.1 TITLE   | PSD                |
| NAME                       | ROSE, ROSITA R     | 1.2 NAME  | ROSITA ROSE        |
| STREET ADDRESS             | ROUTE 5, BOX 526-A | 1.3 STREET ADDRESS                                    | ROUTE 21 BOX 5047  |
| CITY-ST-ZIP                | LAKE CITY FL       | 1.4 CITY-ST-ZIP                                       | LAKE CITY FL 32024 |
| TITLE                      | VTD                | 2.1 TITLE   | VTD                |
| NAME                       | ROSE, FRANK W      | 2.2 NAME  | FRANK ROSE         |
| STREET ADDRESS             | ROUTE 5, BOX 526-A | 2.3 STREET ADDRESS                                    | ROUTE 21 BOX 5047  |
| CITY-ST-ZIP                | LAKE CITY FL       | 2.4 CITY-ST-ZIP                                       | LAKE CITY FL 32024 |
| TITLE                      |                    | 3.1 TITLE   |                    |
| NAME                       |                    | 3.2 NAME  |                    |
| STREET ADDRESS             |                    | 3.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                    | 3.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                    | 4.1 TITLE   |                    |
| NAME                       |                    | 4.2 NAME  |                    |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                    | 4.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                    | 5.1 TITLE   |                    |
| NAME                       |                    | 5.2 NAME  |                    |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                    | 5.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                    | 6.1 TITLE   |                    |
| NAME                       |                    | 6.2 NAME  |                    |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                    | 6.4 CITY-ST-ZIP                                       |                    |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with a power of attorney like empowered.

SIGNATURE:

*Rosita R. Rose* Rosita R. Rose 4-20-99 904 751-8895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)